

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010788

DOCUMENT # 756965

1. Entity Name

PALM BEACH COUNTY CRIME PREVENTION OFFICERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 17031
W. PALM BEACH FL 33416-7031

Mailing Address

P.O. BOX 17031
W. PALM BEACH FL 33416-7031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2442196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIM, MARSH J
301 NORTH OLIVE AVE 9TH FLR
WEST PALM BEACH FL 33402

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **DP**
STREET ADDRESS **MESSER, JEFF**
CITY-ST-ZIP **300 W ATLANTIC AVE**
DELRAY BEACH FL 33444

TITLE ☐ Change ☒ Addition
NAME **DP**
STREET ADDRESS **SONJA HEAVEY**
CITY-ST-ZIP **560 US #1**
NORTH PALM BEACH FL 33408

TITLE ☒ Delete
NAME **DVP**
STREET ADDRESS **DEMARCO, KELLY**
CITY-ST-ZIP **600 BANYANO BLVD**
WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME **DVP**
STREET ADDRESS **SHERY MADDEN**
CITY-ST-ZIP **345 S. COUNTY ROAD**
PALM BEACH, FL 33408

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **NELSON, DIANA J**
CITY-ST-ZIP **3228 GUN CLUB RD.**
WEST PALM BEACH FL 33416

TITLE ☐ Change ☐ Addition
NAME **900023827879**
STREET ADDRESS **10/15/03-01069-015**
CITY-ST-ZIP ****\$61.25**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GRIM, MARSHA J**
CITY-ST-ZIP **301 N OLIVE AVE, 9TH FLR**
WEST PALM BEACH FL 33402

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA J. GRIM**
TREASURER

8-25-03 (561) 355-4636

CR2E037 (4/03)